

# ATTACHMENT J

## DEVELOPING A MEMORANDUM OF UNDERSTANDING

### Purpose

Memorandums of Understanding (MOU's) or Interagency or Provider Agreements can be useful when establishing systems for coordinating services for the participants or clients of various health, social service, educational, mental health programs, substance abuse, and the Agency HIV Prevention Program.

These memorandums serve as agreements between two or more parties which specify the responsibilities of each party signing the memorandum, identify purposes for coordination, and point out any limitations to such coordination.

### Suggested Format

A Memorandum of Understanding should include the following information:

1. Statement about the goal(s) of the initiating party or the common goal(s) for all parties signing the MOU.
2. Listings of the specific actions for which each party agrees to be responsible as part of the agreement.
3. Identification of any qualifications or limitations to the agreement.
4. Statement assuring equal consideration ("Equal consideration will be given to all clients without regard to race, ethnicity, national origin, gender, sexual orientation, religion, or handicap.")
5. Statement assuring confidential use of information ("Information provided between programs will only be used for the purpose of establishing program eligibility or for purposes of outreach".)
6. Termination statement.
7. Program signatures (to be signed by program directors).

**Sample MOU  
MEMORANDUM OF UNDERSTANDING**

\_\_\_\_\_ Agency HIV Prevention Program and  
\_\_\_\_\_ County Office of Family and Children  
In order that the \_\_\_\_\_ Agency HIV Prevention Program may provide services to clients needing Food Stamps and Medicaid services in \_\_\_\_\_ County, the \_\_\_\_\_ County Office of Family and Children agrees to:

1. Provide Food Stamps and Medicaid services to eligible clients referred, as well as any other services for which they may be eligible.
2. Communicate follow-up and/or monitoring information to \_\_\_\_\_ Agency HIV Prevention Program as necessary and appropriate.
3. Refer clients that apply for Medicaid to \_\_\_\_\_ Agency HIV Prevention if necessary and appropriate for client(s).
4. Charge no fee for such services.

The \_\_\_\_\_ Agency HIV Prevention Program agrees to:

- a. Refer clients to \_\_\_\_\_ County Office of Family and Children for Food Stamps and Medicaid services.
- b. Call for an appointment.
- c. Arrange for transportation if necessary.
- d. Complete release of information, referral forms and, if applicable, pregnancy verification forms.
- e. Charge no fee for such services.

These services are agreed to, based upon an understanding of purposes, eligibility requirements and benefits to the \_\_\_\_\_ Agency HIV Prevention Program and the \_\_\_\_\_ County Office of Family and Children.

Equal consideration will be given to all clients without regard to race, ethnicity, national origin, gender, sexual orientation, religion, or handicap.

Information provided between programs will only be used for the purpose of establishing program eligibility or for the purpose of outreach.

This agreement may be terminated at any time through written notification by either party.

\_\_\_\_\_  
Director

\_\_\_\_\_  
Agency HIV Prevention Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
County Office of Family and Children

\_\_\_\_\_  
Date